## APPLICATION FOR RECALL TO EXTENDED ACTIVE DUTY Authority to request this information is derived from 5 United States Code, 301, Departmental Regulations. Purpose of this form is to provide a means for an individual to request voluntary recall to extended active duty, and the information is used to evaluate the individual's request. The form is subsequently filed in an individual's official personnel record for any other routine personnel management action required. If voluntary recall to extended active duty is desired, then completion of all information on this form is mandatory. Failure to provide requested information may result in an inability to process the application. TO: Chief of Naval Personnel (Pers 252), Washington, DC 20370 GRADE SOCIAL SECURITY NO. DESIGNATOR NAME (Last, first, middle) DATE OF RANK RESERVE UNIT TO WHICH ATTACHED OR DATE OF BIRTH MARITAL STATUS NO. OF DEPENDENTS AGES OF CHILDREN COMMAND HOLDING YOUR RECORDS **TOTAL NAVAL SERVICE** ACTIVE INACTIVE DATE LAST RELEASED FROM EXTENDED ACTIVE DUTY (Years-Months) (Years-Months) OFFICER REASON FOR RELEASE **ENLISTED** AVIATORS ONLY - TOTAL FLIGHT TIME AND CARRIER LANDINGS BY TYPE WITH YEAR(S) IN WHICH PERFORMED TYPE AIRCRAFT **TOTAL HOURS** YEAR PERFORMED TYPE AIRCRAFT **TOTAL HOURS** YEAR PERFORMED In accordance with the provisions of MILPERMAN, Art 1820320, it is requested that I be recalled to active duty. The following information is furnished: REASON FOR REQUESTING RECALL TO ACTIVE DUTY: BRIEF RESUME OF CIVILIAN EMPLOYMENT AND/OR EDUCATION SINCE RELEASE TO INACTIVE DUTY: LENGTH OF ACTIVE DUTY AGREEMENT DESIRED MINIMUM ACCEPTABLE ACTIVE DUTY AGREEMENT (Maximum - 5 years) (Minimum - 2 years) DESIRED REPORTING DATE NUMBER OF DAYS ADVANCE NOTIFICATION NEEDED PREFERENCES FOR DUTY ASSIGNMENT: **LOCALITY** TYPE OF DUTY HOME ADDRESS (include Zip Code) AND TELEPHONE NO. ADDRESS TO WHICH ORDERS SHOULD BE MAILED (If other than home address) (include Zip Code) ADDITIONAL COMMENTS:

SIGNATURE

DATE SUBMITTED